## BRITISH COLUMBIA Ministry of Social Development and Poverty Reduction

## **OVERPAYMENT NOTIFICATION**

SR Number:

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* or the *Employment and Assistance for Persons with Disabilities Act*. The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions about this information should be directed to your Employment and Assistance Centre.

FOR OPEN FILE		OFFICE CODE	DATE (YYYY MM DD)	FILE ID:
The Ministry of Social Development and Poverty Reduction has determined that you, and				
received \$	Recipient 1 Of assistar	nce under the <i>l</i>	Recipient 2  Employment and Ass	istance Act or the
Employment and Assistance for Persons with Disabilities Act for which you were not eligible.				
The attached Overpayment Chart explains how this overpayment was calculated. This				
overpayment is a debt due to the government of British Columbia that you are liable to repay				
under section 27(1) of the Employment and Assistance Act or section 19(1)(b) of the				
Employment and Assistance for Persons with Disabilities Act by deducting a sum of money				
each month from assistance you receive from the government of British Columbia. The				
minimum amount that will be deducted from your assistance to repay this debt is \$10 per				
calendar month. The terms of repayment of this debt are subject to periodic review and				
revision at the sole discretion of the Minister of Social Development and Poverty Reduction.				
If you disagree with the ministry's decision that you received assistance for which you are not				
eligible, you may request the Minister to reconsider that decision. A request for reconsideration				
must be delivered to the Employment Assistance Centre within 20 business days after the date				
you were notified of the decision.				
I acknowledge that I have received this notification and I am aware of my right to request a reconsideration of this decision.				
SIGNATURE		SIGNA	TURE OF WITNESS	
PRINT NAME  DATE (YYYY MM I	00)	PRINT	NAME	
SIGNATURE	7	SIGNA	TURE OF WITNESS	
PRINT NAME		PRINT	NAME	
DATE (YYYY MM DD)				
IDENTIFICATION:				